1) Person Filing: Mailing Address:			
City, State, Zip Code:			
Daytime / Evening Phone:			
City, State, Zip Code:	rney for ∐ F Atty. Phone	Plaintiff Respondent:	
SUPERIOR COURT	OF ARIZ	ONA IN MARICOPA COU	NTY
	(2)	Case Number:	(3)
Name of Petitioner (in original case)		ATLAS Number:	(3)
Name of Respondent (in original case)	(2)_	PETITION FOR HEAR (Simplified Procedure	RING
A Petition to Modify (change) Child support p	oursuant to th	e guidelines' simplified procedure ha	as been filed.
The information provided on the "Parent's M support is not accurate. I am attaching the red accurate information. I request that a hearing further request that costs and fees incurred in (4) COUNTER PETITION – I furt from the amount requested	quired comple to be set so that n responding ther request	eted "Parent's Worksheet" that show at I can explain to the judge or commi- to this matter be ordered to be paid the child support be modified to a	ws what I believe to be issioner my position. I by the other party.
(5) Dated:	<u>ī</u>	Requesting Party's Signature	
	-	requesting Farry 5 Signature	
Signed and sworn to or affirmed before me this da	ate:	by:	
Notary Public			
My commission expires:		OR By: Deputy Clerk of Superior C	Court
P. O	ney. If either per of Child Superpoyed of the Received in the	party is currently using or has used to poort Enforcement or their represent quest, which can be mailed to: d Support Enforcement Site Code 775 C	the State IV-D
2. If a hearing or conference is scheduled, the court may enter a judgment for past-due support, clerk's fees,			

service costs, other court costs, and/or attorney fees.

For Clerk Use Only